

# Exhibit 1

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF NEW JERSEY**

**IN RE: INSULIN PRICING LITIGATION**

This document relates to:

Self-Funded Payer Track

**Case No. 2:23-md-03080 (BRM)(RLS)  
MDL No. 3080**

**JUDGE BRIAN R. MARTINOTTI  
JUDGE RUKHSANAH L. SINGH**

**SELF-FUNDED PAYER PLAINTIFF FACT SHEET**

Please provide the following information for each plaintiff that is part of the Self-Funded Payer Track that has filed a complaint in *In Re: Insulin Pricing Litigation*, MDL No. 3080. In completing this Plaintiff Fact Sheet (“PFS”), You are under oath and must provide information that is true and correct to the best of Your knowledge, information, and belief. The scope of the questions herein and responses thereto will be limited to information and/or documents within each plaintiff’s possession, custody, or control. To the extent a plaintiff lacks information or documents in its possession, custody, or control in response to the questions or documents requests below, it shall expressly state it lacks such information in its response.

Do not leave any questions unanswered or blank. If You are filling out this PFS in hard copy, use additional sheets as needed to fully respond.

This PFS constitutes discovery responses subject to the Federal Rules of Civil Procedure. You must promptly supplement Your responses if You learn that they are incomplete or inaccurate in any respect. Each question in this PFS is continuing in nature and requires supplemental answers as You obtain further information between completing this PFS and trial. Information provided will only be used for purposes related to this litigation and may be disclosed only as permitted by the Stipulated Confidentiality Order entered in this MDL proceeding. (*See* Dkt. 117.)

**INSTRUCTIONS**

1. None of the questions in this PFS seek privileged information. To the extent You believe that any form of privilege prevents You from fully answering a question, state Your basis for withholding an answer or part of an answer on the grounds of privilege and which privilege You believe applies. If you assert that part of a question is objectionable or calls for privileged information, respond to the remaining parts of the question to which you do not object.

2. The words “and,” “or,” and “including” should be construed as necessary to bring within the scope of the request all responses and information that might otherwise be construed out of its scope. “Including” shall mean “including but not limited to.”

3. All definitions provided herein are limited to the use of the terms in these Requests.

### **DEFINITIONS**

1. “Administrative Fees” means any fee paid by a manufacturer to a PBM in exchange for any administrative service the PBM performs.
2. “At-Issue Products” means the insulin products and any other pharmaceuticals that you identify in response to Question No. 10.
3. “Health Plan” means all health plans offered by, administered by, or sponsored by You during the Period that the Health Plan offered or included Prescription Drug Coverage.
4. “Out-of-Pocket Maximum” means the maximum amount of allowable costs or expenses that a person with any form of health insurance, health coverage, prescription drug plan, or any other health plan that helps enrollees pay for prescribed pharmaceuticals can incur during a given year through their health insurance.
5. “PBM” means pharmacy benefit manager.
6. “Prescription Drug Coverage” means any form of health insurance, health coverage, prescription drug plan, or any other health plan that helps enrollees pay for prescribed pharmaceutical drugs.
7. “Rebates” means any rebate, payment, discount, or other price concession made or paid by a manufacturer to a PBM.
8. “Time Period” means January 1, 2011 to January 1, 2023.
9. “WAC” means wholesale acquisition cost.
10. “You” or “Your” means the Plaintiff named in this Action and any other persons or entities on whose behalf the Plaintiff brings this action, including any official, department, agency, investigative unit, entity, or program.

### **QUESTIONS**

#### **I. CASE INFORMATION**

1. Plaintiff: \_\_\_\_\_
2. Case name and caption number: \_\_\_\_\_
3. Name, firm, and e-mail of principal attorney(s) representing You: \_\_\_\_\_
4. Defendants: \_\_\_\_\_

**II. BENEFICIARIES**

5. In the table below, provide the total number of individuals enrolled in Your Health Plan, including primary and dependent beneficiaries, for each year of the Time Period:

<b>Year</b>	<b>Number of Beneficiaries</b>
<b>2011</b>	
<b>2012</b>	
<b>2013</b>	
<b>2014</b>	
<b>2015</b>	
<b>2016</b>	
<b>2017</b>	
<b>2018</b>	
<b>2019</b>	
<b>2020</b>	
<b>2021</b>	
<b>2022</b>	

6. Provide the total number of individuals who used Your Health Plan to purchase or use At-Issue Products during each year of the Time Period.

**III. PERSONS OR ENTITIES WITH RELEVANT KNOWLEDGE**

7. In the form of the table below, identify the name, title, and dates of employment of Your current and former employees, representatives, or agents who had any responsibility over the design or administration of Your Health Plan or Prescription Drug Coverage during the Time Period, including responsibility over the decision to enter into agreements governing Prescription Drug Coverage, Rebates, Your Health Plan, and formularies.

<b>Name</b>	<b>Title</b>	<b>Dates of Employment or Contract</b>	<b>Area(s) of Responsibility</b>

8. To the extent not included in response to Question No. 7 above, in the form of the table below, identify by name, title, and dates of employment Your current and former employees or representatives with knowledge regarding the allegations in Your Complaint.

Name	Title	Dates of Employment	Area(s) of Responsibility

9. In the form of the table below, identify by name any department, agency, investigative unit, entity, or other program with responsibility over functions related to the allegations in Your Complaint. Summarize each of those entities' area of responsibility:

Entity Name	Area of Responsibility

#### IV. AT-ISSUE PRODUCTS

10. Identify every insulin or other pharmaceutical that You allege is relevant to any claim for damages or other relief You seek in this case (the "At-Issue Products"):<sup>1</sup>

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11. In the form of the table below or through the production of documents, for each At-Issue Product, provide the total amount of money that You spent on the At-Issue Product for members enrolled in Your Health Plan for each year during the Time Period, the total Rebates received by You, and the total amount of Your members' out-of-pocket responsibility:

At-Issue Product	Year	Total Number of Scripts	Total Spent by You	Total Rebates Received	Your Member's Out-of-Pocket Responsibility

#### V. YOUR HEALTH PLANS

12. In the form of the table below, for each Health Plan that You offered that included Prescription Drug Coverage during the Time Period, identify the plan identification number, name, or other plan identifier and the starting and ending dates for each plan year during the Time Period:

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<sup>1</sup> In seeking this information, Defendants do not concede that any pharmaceuticals identified by You are relevant.

Health Plan Identifier	Start Date	End Date

13. In the table below, for every Health Plan identified in response to Question No. 12 and for each plan year during the Time Period, identify (1) the annual deductible(s), including separate deductible amounts or requirements for use of in-network versus out-of-network pharmacies, and any separate deductible amounts or requirements on individual versus family expenditures, (2) the copayment or coinsurance rate for each pharmaceutical tier, (3) the annual Out-of-Pocket Maximums, including if there are different maximums based on in-network versus out-of-network pharmacy use, and/or based on family versus individual expenditures and whether Out-of-Pocket Maximums were based on pharmaceutical expenditures alone, or on combined pharmaceutical and medical expenditures, and (4) whether the Health Plan had first-dollar coverage for any At-Issue Product, in which the insured does not need to satisfy a deductible before the insurer assumes payment:

Health Plan Identifier	Plan Year	Deductible	Coinsurance	Copayment	OOP Maximum	First-Dollar Coverage

14. In the form of the table below, list all PBMs or other entities with whom You have contracted for every Health Plan identified in response to Question No. 12 and for each plan year during the Time Period, identify which formulary that Health Plan offered for Prescription Drug Coverage and the PBM or other entity that administered the Prescription Drug Coverage:

Health Plan Identifier	Plan Year	Formulary	PBM or Other Entity

15. In the form of the table below, for every Health Plan identified in response to Question No. 12 and for each plan year during the Time Period, identify whether each pharmaceutical was included or excluded on any formulary You used during the Time Period. If a pharmaceutical was included on a formulary, identify the relevant PBM (if any), the pharmaceutical's formulary tier or status, whether the pharmaceutical was the lowest branded copay on the formulary, and the years that the pharmaceutical was included on the formulary:

Health Plan Identifier	Plan Year	Pharmaceutical	Included / Excluded	Tier / Status and Description	Lowest Branded Copay (Y/N)	Years on Formulary
		Humulin N				

Health Plan Identifier	Plan Year	Pharmaceutical	Included / Excluded	Tier / Status and Description	Lowest Branded Copay (Y/N)	Years on Formulary
		Humulin R				
		Humulin R 500				
		Humulin 70/30				
		Humalog				
		Humalog 50/50				
		Humalog 72/25				
		Insulin Lispro				
		Basaglar				
		Rezvoglar				
		Trulicity				
		Lantus				
		Toujeo				
		Apidra				
		Soliqua				
		Admelog				
		Novolin R				
		Novolin N				
		Novolin 70/30				
		Novolog				
		Novolog 70/30				
		Insulin Aspart				
		Levemir				
		Tresiba				
		Insulin Degludec				
		Victoza				
		Ozempic				
		Semglee				
		Mounjaro				

Health Plan Identifier	Plan Year	Pharmaceutical	Included / Excluded	Tier / Status and Description	Lowest Branded Copay (Y/N)	Years on Formulary
		Xultophy				
		Rybelsus				
		Adlyxin				

16. Identify all insurers or third-party administrators with whom You have contracted relating to the Health Plans identified in response to Question No. 12:

17. Did any Health Plan identified in response to Question No. 12 have benefit design features specifically pertaining to patients with diabetes or pre-diabetes? \_\_\_ Yes \_\_\_ No

#### **VI. REBATES AND FEES**

18. In the form of the table below, identify each contract You have or had with a PBM during the Time Period, including the party with which You contracted, and the year. Include in Your answer any addendums or other agreements You entered pursuant to an existing master agreement. If a contract was entered into before the Time Period began but did not expire until after the Time Period began, identify that contract as well:

Contract	Contracting Entity	Year(s)

19. In any contract identified in response to Question No. 18, did the PBM agree to share or pass through Rebates to You? \_\_\_ Yes \_\_\_ No

**If yes,** in the form of the table below, identify each such contract, the percentage of or other determinant of the Rebates the PBM agreed to pass through to You, and the specific provision in the contract governing the pass through of such rebates:

Contract	Percentage of Rebates	Contract Provision

20. In any contract identified in response to Question No. 18, did the PBM agree to pass Administrative Fees through to You? \_\_\_ Yes \_\_\_ No



**If yes**, in the form of the table below, identify each such contract, the contracting entity, the year, the percentage of Administrative Fees the PBM agreed to pass through to You, and the specific provision in the contract governing the pass through of such fees:

<b>Contract</b>	<b>Percentage of Administrative Fees</b>	<b>Contract Provision</b>

21. In any contract identified in response to Question No. 18, did the PBM offer a guaranteed minimum payment to You, including any Rebate guarantee? \_\_\_ Yes \_\_\_ No

**If yes**, in the form of the table below, identify each such contract, the guaranteed minimum payment, and the specific provision in the contract governing the guaranteed minimum payment:

<b>Contract</b>	<b>Guaranteed Minimum Payment</b>	<b>Contract Provisions</b>

22. Have You ever used preventative drug lists, critical drug affordability programs, or any other program to lower the out-of-pocket costs of the At-Issue Products for Your members? \_\_\_ Yes \_\_\_ No

**If yes**, in the form of the table below, identify each such Health Plan where You implemented such a program, the program, the year the program was implemented, and the applicable At-Issue Products:

<b>Health Plan</b>	<b>Program</b>	<b>Year</b>	<b>At-Issue Product</b>

23. Have You ever passed Rebates received from a PBM through to Your members at the point of sale for any of the At-Issue Products? \_\_\_ Yes \_\_\_ No

**If yes**, in the form of the table below, identify each such Health Plan where You passed on Rebates, the years You passed on Rebates, the At-Issue Products for which You passed on Rebates, and the percentage of Rebates that You passed on to members at the point of sale:

Health Plan	Year Passed on Rebate	At-Issue Product	Percentage of Rebate Passed on

24. Other than passing Rebates through to Your members at the point of sale, describe the ways in which You use Rebates and Administrative Fees received from PBMs for At-Issue Products:

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25. In any contract identified in response to Question No. 18, did any other PBM or any other contracting entity submit bids/proposals? \_\_\_\_ Yes \_\_\_\_ No

**If yes**, identify any entity submitting competing bids/proposals, and produce the competing bids.

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26. During the relevant time period, did you contract with, or use master contracts from, any other entities (e.g., MMCAP) for rebates or other price concessions related to purchasing pharmaceutical products? \_\_\_\_ Yes \_\_\_\_ No

**If yes**, in the form of the table below, identify each such contract, the contracting entity, the year, and the percentage of or other determinant of the Rebates the contracting entity agreed to pass through to You:

Contract	Contracting Entity	Year	Percentage of Rebates

## **VII. MISREPRESENTATIONS AND OMISSIONS**

27. In the form of the table below, identify every specific misrepresentation that a Defendant allegedly made that forms the basis of the allegations in Your lawsuit, including the approximate date, the source, who received the statement, the reason why You believe the statement was false, whether or not You relied on the statement, and if so, how, and the Defendant(s) that made the statement:

Misrepresentation	Approx. Date	Source	Recipient	Basis that Statement is False	Reliance (if any)	Defendant(s)

28. In the form of the table below, describe any omissions that a Defendant allegedly made that forms the basis of the allegations in Your lawsuit, including the approximate date, any statement to which the omission relates, the reason why You believe a Defendant should have disclosed the omission, and the Defendant(s) that made the omission:

Omission	Approximate Date	Related Statement	Basis for Disclosure	Defendant(s)

#### **VIII. TIMING OF AWARENESS**

29. Identify when and how You first learned or discovered that the WACs for the At-Issue Products were allegedly artificially inflated, false, fraudulent, misleading, or deceptive:
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30. Identify when and how You first learned or discovered that pharmaceutical manufacturers pay Rebates to PBMs for the At-Issue Products: \_\_\_\_\_
- 
31. Identify the earliest date on which You began investigating the pricing of Defendants' At-Issue Products for the purpose of bringing the present action: \_\_\_\_\_
- 
32. Identify when and how You first learned or discovered that Defendants' statements about the prices for the At-Issue Products were allegedly false, fraudulent, misleading, or deceptive:
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33. Identify when and how You learned of or discovered any other lawsuit filed against any Defendant related to insulin pricing, including *In re Insulin Pricing* (D.N.J., 2:17-cv-00699), *MSP LLC* (D.N.J., 2:18-cv-02211), *Minnesota* (D.N.J., 2:18-cv-14999), and *In re Direct Purchaser* (D.N.J., 3:20-cv-03426):
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34. Identify when and how You learned of or discovered any state, or federal investigation related to insulin pricing: \_\_\_\_\_
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**IX. SELECTION OF PRESCRIPTION DRUG COVERAGE**

35. In the form of the table below, identify any third-party services, advisors, consultants, or contractors used by You to provide consulting, research, analysis, accounting, financial advice, solicitation, selection, development, or other advice related to Your Health Plan, selecting or soliciting PBM services, or Prescription Drug Coverage for At-Issue Products during the Time Period, the approximate dates You used the third-party services, advisors, consultants, or contractors, a description of the services that entity provided You, and the principal point of contact at the entity who is or was responsible for overseeing performance of the contract:

<b>Third-Party Advisor (Advisor Name and Employer)</b>	<b>Approximate Dates</b>	<b>Description of Services</b>	<b>Point of Contact</b>

36. For each third-party service, advisor, consultant, or contractor You identified in Question No. 35, in the form of the table below or through the production of documents, identify whether You received any presentations, reports, analyses, or memoranda You received related to Health Plan or Prescription Drug Coverage benefit design for At-Issue Products, and produce those materials:

<b>Third-Party Advisor</b>	<b>Received Presentations, Reports, Analyses, Memoranda</b>

37. Did You or anyone acting on Your behalf conduct a request for proposal (“RFP”) or similar process to solicit offers from or to otherwise identify PBMs to administer Prescription Drug Coverage? \_\_\_\_ Yes \_\_\_\_ No

**If yes,** in the form of the table below, identify each RFP or other solicitation You made during the Time Period, any third-party advisor that assisted with the RFP or solicitation, the PBMs You sent the RFP or solicitation to and produce the RFP responses:

<b>RFP or Solicitation</b>	<b>Third-Party Advisor</b>	<b>Date</b>	<b>PBMs Solicited</b>

38. Are Your Health Plan expenditures related to pharmaceuticals audited, either internally or by an external auditor? \_\_\_\_ Yes \_\_\_\_ No

**If yes,** in the form of the table below, identify each audit and produce the audit:

<b>Audit</b>	<b>Person or Entity conducting the Audit</b>	<b>Date</b>	<b>Purpose of the audit</b>

**X. MEMBERSHIP IN OTHER ENTITIES**

39. In the form of the table below, identify any organizations that You are a part of that share information regarding, or that relate in any way to, the healthcare industry, at-issue insulins, pharmaceutical pricing, Rebates, PBM or drug pricing reform or legislation, including, but not limited to, the National Association of Counties, MMCAP, or any other group purchasing organization, and identify any of Your employees who are involved in that organization:

<b>Organization</b>	<b>Dates of Membership</b>	<b>Your Involved Employees</b>

**XI. DIRECT PURCHASING**

40. Have You purchased At-Issue Products directly from pharmaceutical manufacturers, wholesalers, mail order pharmacies, and/or retail sellers? \_\_\_\_ Yes \_\_\_\_ No

If yes, in the table below, identify each At-Issue Product You allege You purchased directly, the specific years You made the direct purchase, the entity that directly distributed the At-Issue Product(s) to You, the total quantity of At-Issue Products You purchased, and the total amount You paid:

<b>At-Issue Product</b>	<b>Year</b>	<b>Direct Seller</b>	<b>Total Quantity</b>	<b>Total Amount Paid</b>

**XII. DAMAGES**

41. For each Defendant identified in Question No. 4, state how You claim You have been damaged by that Defendant's alleged conduct. This request is not designed to require an expert evaluation.

<b>Defendant</b>	<b>Basis</b>

42. For each Defendant identified in Question No. 4, identify to the best of Your knowledge the date when You allege that You were first injured as a result of that particular Defendant's alleged conduct. This request is not designed to require an expert evaluation.

Defendant	Date

43. Are You seeking any monetary damages? \_\_\_\_ Yes \_\_\_\_ No

**If yes,** in the form of the table below, identify each category of damages or monetary relief that You allege, a dollar amount for the award You seek for each category of damages or monetary relief, and an explanation as to how You calculated that amount of damages:

Category of Monetary Damages	Dollar Amount	Explanation of Calculation

### **INITIAL DOCUMENT REQUESTS**

Please produce the following documents for the Time Period:

1. Each RFP seeking PBM services, including all amendments, riders, schedules, supplements, instructions, or other addenda that You issued during the Time Period.
2. Documents, including internal summaries, analyses, and presentations, reflecting Your reasons for selecting or not selecting a PBM prescription drug benefit plan for each year, including bids, communications, RFPs, procurement rules, guidance documents, and related documents, and documents relating to negotiation for Rebates for Your employee plan(s) or for Medicaid.
3. Each contract, including drafts, amendments, riders, schedules, supplements, or other addenda that You entered into with a PBM, health insurer, third-party administrator, or any other entity through which you obtained price concessions during the Time Period (e.g., MMCAP), or that otherwise was in effect during the Time Period.
4. Documents sufficient to identify the formularies for Your Health Plans during the Time Period.
5. For each benefit year for which you are seeking relief, documents relating to your Health Plans, including documents sufficient to show: (1) the annual deductible(s), including separate deductible amounts or requirements for use of in-network versus out-of-network pharmacies, and any separate deductible amounts or requirements on individual versus family expenditures, (2) the copayment or coinsurance rate for each pharmaceutical tier, (3) the annual Out-of-Pocket Maximums, (4) the summary plan description, and (5) summaries of benefits and coverage associated with each of your Health Plans during the time period.
6. Documents related to other insulin pricing lawsuits or investigations, the relationship between WACs and Rebates, the fact that pharmaceutical manufacturers pay Rebates to PBMs in connection with formulary placements, drug pricing reform, and the manner in which you first became aware of the allegations in these actions. Documents received by You that related to representations made by PBMs about their services or made by pharmaceutical manufacturers about their list prices.
7. Contracts with third-party advisors or auditors in effect during the Time Period that relate to prescription drug benefits, as well as any presentations, reports, analyses, or memoranda relating to prescription drug benefits Plaintiffs chose or did not choose.

**CERTIFICATION**

I declare under penalty of perjury that all of the information provided in this PFS is complete, true, and correct to the best of my knowledge and information, and that I have provided all of the requested documents that are reasonably accessible to me and/or my attorneys, to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Title